

# **Medicare/Medicaid Integration Program (MMIP)**

## **Frequently Asked Questions - F.A.Q.**

1. What is MMIP?

**ANSWER:**

MMIP is a voluntary managed care pilot project in King and Pierce Counties for dual Medicare/Medicaid eligible clients (Aged, Blind and Disabled) who are 65 and older. Clients are enrolling now, and will be effective on June 1, 2005. We will be working with Evercare, a managed care organization, on this project. Evercare's name for this project is "Evercare Premier™".

2. Why MMIP?

**ANSWER:**

The Medicare Medicaid Integration Project is an additional option for clients to their current service delivery system. MMIP provides full-scope medical and long-term care for Medicaid and Medicare services. Currently they need to talk to the Medical Assistance Administration (MAA), Aging and Disability Services Administration (ADSA), the Department of Social and Health Services (DSHS) and the Social Security Administration for their coverage. Clients in MMIP only have to go to one place for coordination of these services – Evercare Premier. Evercare will have the flexibility to put resources where the client needs them to avoid unnecessary emergency room (ER) visits, hospitalizations and nursing home stays and will be able to support clients in the settings in which they want to live.

3. How will MMIP work?

**ANSWER:**

We will blend funding from the Medical Assistance Administration and Aging and Disability Services Administration into a monthly payment to Evercare, to provide clients with health and long term care services. Clients will be enrolled in Evercare like Healthy Options, and will be assigned an Evercare Care Manager who will work closely with the client, their physicians, and family members to coordinate home and community based services as well as needed medical services with the goal of improving access to care, increasing independence, and improving quality of life

4. Client enrollment: How will Evercare contact prospective enrollees?

**ANSWER:**

This is a voluntary program, so initially; Evercare Premier will be working through their contracted provider network to identify potential enrollees. Going forward, Evercare will be holding community information meetings at various venues throughout the service area. Enrollees have the option of requesting an individual meeting with an Evercare representative. Brochures will be available throughout the community, and distributed to Home and Community Services (HCS)/ADSA offices. HCS/ADSA/Area Agency on Aging (AAA) staff may offer a brochure to a potential enrollee, or give them Evercare's toll free number: 866-266-0636 (or 1-888-685-8480 TTY/TDD). Evercare will then pass the information about clients requesting enrollment to MAA for finalization around the 15<sup>th</sup> of each month.

5. Is enrollment in MMIP mandatory or voluntary?

**ANSWER:**

**MMIP enrollment is strictly voluntary. Clients must let either Evercare Premier or MAA know if they want to enroll in the program. Clients will be able to disenroll at any time.**

6. What about clients with other insurance (Medicare or Medicaid)?

**ANSWER:**

**Clients with other comparable insurance (like Group Health or Secure Horizons) are not eligible to enroll in MMIP. Clients who have medical benefits through the Veterans Administration or CHAMPUS/Tri-Care are also not eligible to enroll.**

7. What about COPES clients who have a financial participation requirement?

**ANSWER:**

**Clients who are required to contribute to the costs of their care will continue to pay their participation amount to their provider. Evercare Premier will deduct the participation amount from the provider's rate. Questions about financial participation should go to the Home and Community Services Financial staff in either region 4 or 5 depending on where the client is located.**

8. What is the role (if any) of HCS/ADSA, what is the role (if any) of Area Agencies on Aging (AAA) in this process?

**ANSWER:**

**Case managers should offer clients an Evercare brochure and tell them that this is another way to receive their long-term care services. The case manager should tell the client to contact Evercare if they have any questions.**

**Overall, HCS will continue to complete the initial, significant change, and ongoing CARE assessments for new clients and clients living in residential facilities. HCS will also continue to process the financial eligibility for these clients. AAAs will continue to complete the ongoing assessments and assessments at significant change for in-home clients.**

9. How will case managers be notified of a client's decision to move to Evercare?

**ANSWER:**

**On the 15<sup>th</sup> of each month, ADSA headquarters (HQ) will receive a list of clients who chose to be enrolled in MMIP for the next month. From that list, ADSA HQ will pull a batch file of CARE assessments and distribute the AAA clients to the AAA and the HCS clients to HCS. More focused smaller workgroups from the AAA and HCS are being organized now to finalize the details of this process.**

10. Personal care: Will Evercare contract with individual providers (IPs) as well as home care agencies?

**ANSWER:**

**Yes**

11. Which home care agencies will be under contract?

**ANSWER:**

**Evercare Premier will distribute a provider directory which will also be available electronically on the Evercare Premier website.**

12. Who will handle all the contracting, criminal background check, training troubleshooting for IPs in Evercare system?

**ANSWER:**

**Evercare Premier will, through their contracted provider.**

13. Will a person with an IP be able to transfer to Evercare and keep the same IP?

**ANSWER:**

**Yes, if the IP is working with a contracted agency, or joins Evercare Premier's contracted IP provider network.**

11. How will IP hours be determined?

**ANSWER:**

**IP hours will be determined by the CARE assessment and Evercare's Care One assessment tool. IP hours will ultimately be determined by the care manager based on the enrollee's individual needs and may be more or less than prescribed by either tool.**

11. How will clients receive prescription medicine?

**ANSWER:**

**Clients will access pharmacy services through Evercare Premier through their pharmacy vendor, Medco, who will work closely with the Evercare Care Managers whenever needed.**

14. Caseload size: what is the expected caseload size for an Evercare case manager?

**ANSWER:**

**The ratio will vary based on acuity and also on the individual Care Managers' focus. For example, a particular Care Manager may be closely tied to the operations of a specific clinic, and be slated to be on-site each week. Some Care Managers will have a lower ratio and focus on acutely ill enrollees with multiple co morbidities, while others will have a higher ratio and focus on enrollees requiring less intensive services.**

15. What are Evercare Premier's Risk Stratification categories?

**ANSWER:**

- **Level I – Individuals who are low risk (community well), who are capable of remaining in the community with little support, and regular communication with Evercare**
- **Level II – Individuals who are medically stable (community at risk), who may have chronic conditions with intermittent acute episodes**
- **Level III – Geriatric, high risk individuals (community clinically complex) who are capable of remaining in the community setting with strong support from Evercare, family and HCBS.**
- **Level IV – Individuals who are residing in the nursing home**

16. What is the background/training for these case managers?

**ANSWER:**

Care Management staff will be a combination of nurses and social workers. Evercare Premier's Health Services Director, Nancy Carosso, RN, will initially be hiring nurses with significant clinical and community Case Management experience. They will target Certified Case Managers and experienced people specifically qualified to work with the enrolled population. Additionally, Evercare will use telephonic care coordination support staff, to assist the Care Managers with the scheduling of appointments, transportation, etc.

17. How many face-to-face visits are required annually per enrollee?

**ANSWER:**

It is individualized to each enrollee, but there is a minimum of twice a year for level three enrollees, and annual for levels one and two.

18. How is Evercare Premier developing a provider network?

**ANSWER:**

Evercare Premier has developed (and will continue to grow) their network based on the providers' history of caring for Medicaid clients. Evercare Premier has a comprehensive network of PCPs and all types of specialists. Additional PCPs, specialists and other providers will be added based on the recommendations of our PCPs, AAA and HCBS customers, enrollees and their families, etc.

19. Contracted providers: who are the contracted medical groups, hospitals, assisted living, adult day health, etc. with Evercare in King County?

**ANSWER:**

Evercare will make a Provider Directory available. The provider directory will also be available on the MMIP website at: <http://maa.dshs.wa.gov/mmip>

20. How will Evercare Premier handle non-participating providers?

**ANSWER:**

Non-par providers - During enrollment meetings, Evercare Premier will explain to potential enrollees that they will be required to use the contracted network of providers. This requirement is also explained in the Member Handbook. Going forward, Evercare Care Managers will reinforce this during their conversations with enrollees. In the event that a particular provider or specialty service is required but the provider is not a part of our network, the Care Manager may authorize non-par visits as appropriate.

21. Nurse consult phone line: Who will provide this service?

**ANSWER:**

Evercare Premier uses Optum. For more information about this organization, see: <http://www.optumanswers.com/products/nurseline.shtml>

22. Will the call be staffed out-of state?

**ANSWER:**

Yes

23. Will client medical information be available electronically to the RN consultant service?

**ANSWER:**

**Yes**

24. Language capacity. What is the current language capacity on Evercare staff to work with limited English proficient clients?

**ANSWER:**

**Evercare Premier will use interpreter services and the ATT language line. Evercare will hire staff to meet language requirements as enrollment grows and the need arises.**

25. What is Evercare's experience in dealing with low-income and community-based programs?

**ANSWER:**

**Evercare has 17 years of experience with this population and serves over 70,000 individuals across the country. Evercare's track record is so impressive that Great Britain has adopted the Evercare model following a successful demonstration project. Evercare Premier enrollees report a 97% satisfaction rate.**

26. Who will handle the housing related needs of Evercare enrollees (finding stable housing, assisting with rent deposits, utility assistance, etc)?

**ANSWER:**

**The Evercare Care Manager will arrange for support to assist with these issues.**

27. What will be the appeal process for Evercare clients who may disagree with the amount or type of services provided? Fair hearings? Other?

**ANSWER:**

**Grievance/Appeals and Fair Hearing Process: Evercare members, or their designated representative, may file a grievance or appeal with Evercare regardless of the nature of their complaint. Evercare must resolve informal grievances or complaints, received by phone or in writing, within ninety days. Formal grievances must be submitted to Evercare by phone or in writing by an enrollee or their designated representative and Evercare is obligated to respond within forty-five days for covered health decisions. An expedited appeal process (resolution within 3 days) is available if it is believed that the determination could jeopardize the health of the member. If a member is not satisfied with the resolution, they can request a DSHS fair hearing according to the timeframes listed in the Evercare Premier member handbook. A decision on the fair hearing will be made within forty-five days following receipt of the request. If enrollees are still not satisfied with a decision, they can request that an Independent Review Organization (IRO) review their case. If the IRO decision is still unsatisfactory to the enrollee, they can request a review by the DSHS Board of Appeals**

28. Rates: What is the Medicaid rate(s) per client group per month?

**ANSWER:**

**The Medicaid rates were developed with the help of an actuary and are based on historical fee-for-service claims data. Rates will be posted online along with the methodology used to determine the rates as soon as rates are final.**

29. How will the mental health needs of Evercare enrollees be managed? Who will assist the client with accessing mental health, chemical dependency and alcohol treatment services?

**ANSWER:**

**The Care Manager will help coordinate these services, but they are carved out and remain the financial responsibility of DSHS.**

30. What does DSHS hope to gain from the Evercare project?

**ANSWER:**

**The goal of this project is to improve client outcomes through increased access and coordination while better utilizing Medicaid funding.**

31. How long will this project last?

**ANSWER:**

**The MMIP is a new program, the first clients will be enrolled effective June 1, 2005 and the program will be ongoing.**